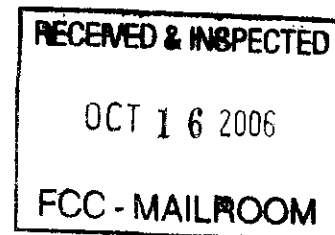


CGB-CC-0608



FCC, CONSUMER & Governmental Affairs Bureau (CGB)
445 12TH Street, SW,
Washington, DC 20554

Dear FCC,

Think Drug Free- America INC, is a non profit organization and under our umbrella we have a television. program called 'Too Blessed 2 Be Stressed TV Show'. I am writing to request exemption from the upcoming requirement to provide closed captioning for our television program. 'Too Blessed 2 Be Stressed T.V. Show' is produced by a production team that we have put together. Because of the nature of our television show, the hardship of the cost for closed captioning would be a great burden that we can not afford as a non profit organization. For this reason, we feel our television show should be granted a waiver from this requirement.

The purpose of our television show is to inform, inspire and educate our viewing audience - both women and men. It gives them the tools in which to teach them how to reduce the 'STRESS' in there lives.

The monetary hardship for our television show would be based on the total revenue that it takes just to produce each episode at weekly cost of \$ 5,000 and \$15,000 annually. Having to pay an out side company to produce closed captioning for our television show would possibly mean being unable to produce or air this very vital and much needed television program. Our revenue is limited due to us being a very small tax exempt / nonprofit organization.

Thank you for your consideration.

Truly Blessed,

Marla Higginbotham
Founder & President

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

Think Drug Free America, Inc.
1309 North Broadway
Knoxville, TN 37917

Person to Contact:

D. Moore

Telephone Number:

(202) 622-7905

Refer Reply to:

E:EO:R:3

Date:

NOV 17 1992

Employer Identification Number: [REDACTED]
Key District: Atlanta, GA
Accounting Period Ending: December 31
Foundation Status Classification: 509(a)(2)
Advance Ruling Period Begins: March 17, 1992
Advance Ruling Period Ends: December 31, 1996
Form 990 Required: Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) shown above.

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to your key District Director information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you

Think Drug-Free America, Inc. Board of Directors

- **Marla Higginbotham**
Founder, President
1914 Woods Creek Road
Knoxville, TN 37924
E mail: mmhigginbotham@aol.com
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
- **Mark Freeman**
Freeman, Melancon, Bryant Advertising
145 South Gay Street
Knoxville, TN 37902
E mail: mfreeman@smbadvertising.com
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
- **Kevin Fox**
Attorney-at-Law, TDFA Secretary
321 Ebenezer Road
Knoxville, TN 37923
(H) 694-5982 (F) 673-0440
(W) 673-0330 (C) 789-1371
- **Dawn Clark**
2102 Jayne Lane
Knoxville, TN 37918
E mail: Proffclark@yahoo.com
(H) 219-7989

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2005**Open to Public Inspection**

A For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
THINK DRUG FREE AMERICA, INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1309 BROADWAY

City or town, state or country, and ZIP + 4
KNOXVILLE, TN 37917

D Employer identification number
[REDACTED]

E Telephone number
(865) 525-0741

F Group Exemption Number . . . ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
 Other (specify) ►

I Website: ►

J Organization type (check only one)—☒ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

		1	11,627.00
Revenue	1 Contributions, gifts, grants, and similar amounts received	2	
	2 Program service revenue including government fees and contracts	3	
	3 Membership dues and assessments	4	
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8 Other revenue (describe ►)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	11,627.00	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	3,000.00
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	265.00
	16 Other expenses (describe ► Operational Expenses)	16	8,688.00
17 Total expenses (add lines 10 through 16)	17	11,953.00	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	-326.00
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,315.00
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	2,315.00

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	-4.35	315.00
23 Land and buildings		
24 Other assets (describe ► Office Furniture & Fixtures)	1,700	2,000
25 Total assets		2,315.00
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,695.65	2,315.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421

Form **990-EZ** (2005)

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)**41** List the states with which a copy of this return is filed. ▶ **Tennessee****42a** The books are in care of ▶ **Maria Higginbotham** Telephone no. ▶ **(865) 525-0741**Located at ▶ **1309 North Broadway, Knoxville, TN** ZIP + 4 ▶ **37917****b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43****Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer *Maria Higginbotham*Date *3-18-06*

Type or print name and title.

**Paid
Preparer's
Use Only**Preparer's
signature ▶ *[Signature]*Date *3/18/06*Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours
if self-employed),
address, and ZIP + 4 ▶**Gillespie Financial & Tax Service**
3611 Western Avenue; Knoxville, TN 37921

EIN ▶

Phone no. ▶ **(865) 974-9674**